

# FACILITY USE APPLICATION (open to public activity\*)

MORTON COMMUNITY CENTER, 222 N. CHAUNCEY, WEST LAFAYETTE, IN 47906

PHONE 765-775-5120 FAX 765-775-5123 E-MAIL: [blorenz@westlafayette.in.gov](mailto:blorenz@westlafayette.in.gov)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of activity \_\_\_\_\_ Number of participants \_\_\_\_\_

**Date of activity** \* \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_ (bldg closes 11 pm M-F; 4:30 pm Sat) **Include set-up & tear down time.**

**\*If requesting regular meetings, please list all dates for year on back of this page.**

Admission charge: Yes No Amount per person \$ \_\_\_\_\_ Donation: Yes No Room \_\_\_\_\_

Use of proceeds if admission or donation: \_\_\_\_\_

Morton has ONLY this equipment available for use on a first-come, first-served basis. (Note: please confirm availability when making reservation!) Please indicate if you wish to use our:

Please circle item(s) needed: TV/VCR/ Overhead projector/ Slide projector/CD&tape player/ Tables – 6': # \_\_\_\_\_

Flip chart/white board (you provide paper for flip chart)

If you are providing your own equipment, please list: \_\_\_\_\_

Name of organization \_\_\_\_\_

Address of organization \_\_\_\_\_

Name of representative \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Address of representative \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

**Use Restrictions:** By contract the use of Morton Community Center is restricted to civic, community, educational and recreational purposes, including activities or functions sponsored or promoted by the City of West Lafayette, meetings of community groups, social gatherings, and short or long term lease to not-for-profit groups.

**Liability:** The above listed organization shall be liable for claims, damages or losses arising from the use of of the facilities and each member of the organization shall release and hold harmless the City of West Lafayette and Board of Parks and Recreation from such claims, damages or losses. \* In the event that the organization's activities involve non-members, then a certificate of liability insurance shall be provided prior to any such activity.

**Notice:** The authorized representative listed below shall inform the members of their organization of the Use Restriction and Liability paragraphs listed above and the Rules (attached) so that all members shall have knowledge of the organization's rights and responsibilities. In the event of any violation, I understand that the activity may be suspended immediately and/or the group may lose the privilege of use of Morton. I understand that any electrical equipment or materials used may be inspected or further information required by the staff before approval.

Billing Options (check one): \_\_\_\_ Pay in advance \_\_\_\_ Pay office or caretaker at time of event \_\_\_\_ Send billing to above address

⇒Signature of authorized representative: \_\_\_\_\_

For Office Use Only	
Class: ____ Usage fee: ____ Date paid: ____/____/____	Receipt No. ____ On calendar ____
Conditions list: _____	
Comments: _____	
Approved by: _____	Date: ____/____/____

**Reservation is confirmed when this form is filled out,  
signed and received in Morton office.**